

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10) 575502 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
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9		1					
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21		2					
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50							
TOTAL IND.	1	↓		↓		↓	
TOTAL DEP.	3	←		←		←	
TOTAL CLAIMS	9						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.				↓			
TOTAL DEP.				←		←	
TOTAL CLAIMS							